MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
00/719316	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4	c -	c						54						
5	1							55						
6	c -	c						56						
7		1						57						
8		1						58						
9		1						59						
10		4						60						
11	1							61						
12		1						62						
13		2						63						
14		2						64						
15		1						65						
16		(1)						66						
17		(1)						67						
18		(1)						68						
19		(1)						69						
20		(1)						70						
21		(1)						71						
22	1							72						
23		1						73						
24		2						74						
25		(1)						75						
26		(1)						76						
27		(1)						77						
28		(1)						78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.		28						TOTAL DEP.						
TOTAL CLAIMS	32							TOTAL CLAIMS						

D-1360 (3-78)

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